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BI (Omeial Rorm	111(U <del>4</del> /		United No		s Bankı District						Vol	untary	Petition
Name of Debtor Dandridge, J			er Last, First	, Middle):			Name	of Joint De	ebtor (Spouse	e) (Last, First	, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Of (include)	her Names de married,	used by the J maiden, and	Joint Debtor trade names	in the last 8	years				
Last four digits of (if more than one, state xxx-xx-7120	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all)					Last for	our digits o	f Soc. Sec. or	r Individual-	Гахрауег I.I	D. (ITIN) No	o./Complete EIN	
Street Address of 1217 West 8 Chicago, IL			-	and State)	):	ZIP Code		Address of	Joint Debtor	(No. and Str	reet, City, ar	nd State):	ZIP Code
County of Reside	nce or a	of the Princ	cinal Place o	of Rusines		60620		v of Reside	ence or of the	Principal Pla	ace of Busin	necc.	
Cook  Mailing Address of 3146 S Went	of Debt	or (if diffe	rent from str					•	of Joint Debt	•			
Chicago, IL					_	ZIP Code	;						ZIP Code
60616  Location of Principal Assets of Business Debtor (if different from street address above):						<u>l</u>							
(Form of Org		Debtor	1 )			of Business	3			of Bankrup Petition is Fi			eh
Individual (in See Exhibit D o.  □ Corporation (i  □ Partnership  □ Other (If debto check this box a	cludes on page 2 includes or is not cand state	Joint Debto ? of this form s LLC and one of the al type of enti	bove entities, ty below.)	☐ Sing in I ☐ Rail ☐ Stoo	ckbroker nmodity Broaring Bank er Tax-Exe (Check box	eal Estate a: 101 (51B)  oker  mpt Entity, , if applicable	7 (le)		er 7 er 9 er 11 er 12	Cl of Cl of Cl	hapter 15 Pe a Foreign M hapter 15 Pe a Foreign M e of Debts c one box)	etition for R Main Procee etition for R Nonmain Pro	eding ecognition
Each country in wh by, regarding, or ag				unde	tor is a tax-exer Title 26 of e (the Interna	the United S	tates	"incurr	red by an indivional, family, or	idual primarily		DUSING	ess debts.
☐ Full Filing Foo		0 \	heck one bo	x)		I	one box:	nall business	Chap debtor as defir	ter 11 Debt		)	
Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Debtor is not if: Debtor's agg are less than all applicable A plan is bein Acceptances	a small busing regate nonco \$2,490,925 (each boxes: no filed with of the plan w	ness debtor as o	defined in 11 tales debts (except to adjustment debts)	J.S.C. § 101(5) cluding debts on 4/01/16 a	51D).  owed to inside the inside	ders or affiliates)  the years thereafter).  editors,			
Statistical/Administrative Information  ☐ Debtor estimates that funds will be available for distribution to unsecured creditors.  ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  THIS SPACE IS FOR COURT USE ONLY  THIS SPACE IS FOR COURT USE ONLY					USE ONLY								
Estimated Numbe  1- 50- 49 99	-	editors  100- 199	□ 200- 999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000				
\$50,000 \$10	0,001 to 00,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion				
	0,001 to	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion					

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**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Dandridge, Josephine (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Thomas G. Stahulak April 13, 2015 Signature of Attorney for Debtor(s) (Date) Thomas G. Stahulak 6288620 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

### **B1** (Official Form 1)(04/13)

**Voluntary Petition** 

(This page must be completed and filed in every case)

### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Josephine Dandridge

Signature of Debtor Josephine Dandridge

 $\mathbf{X}$ 

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

April 13, 2015

Date

### Signature of Attorney\*

X /s/ Thomas G. Stahulak

Signature of Attorney for Debtor(s)

Thomas G. Stahulak 6288620

Printed Name of Attorney for Debtor(s)

Stahulak & Associates

Firm Name

53 W. Jackson Blvd., Suite 652

Chicago, IL 60604

Address

Email: ecf@stahulakandassociates.com

(312) 662-1480 Fax: (312) 268-7328

Telephone Number

April 13, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### **Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 $\mathbf{X}$ 

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Dandridge, Josephine

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

 $\mathbf{v}$ 

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

### United States Bankruptcy Court Northern District of Illinois

		Northern District of Immois		
In re	Josephine Dandridge		Case No.	
		Debtor(s)	Chapter	7

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2				
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);  ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone through the Internet.);  ☐ Active military duty in a military combat zone.					
☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.					
I certify under penalty of perjury that the	information provided above is true and correct.				
Signature of Debtor:	/s/ Josephine Dandridge Josephine Dandridge				
Date: April 13, 2015					

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B6 Summary (Official Form 6 - Summary) (12/14)

# **United States Bankruptcy Court Northern District of Illinois**

In re Josephine Dandridge		Case No	
	Debtor		
		Chapter	7

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	13,588.10		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		18,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		2,455.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		64,698.73	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			1,931.32
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,023.00
Total Number of Sheets of ALL Schedules		25			
	T	otal Assets	13,588.10		
			Total Liabilities	85,153.73	

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B 6 Summary (Official Form 6 - Summary) (12/14)

# **United States Bankruptcy Court Northern District of Illinois**

In re	Josephine Dandridge		Case No.	
-		Debtor		
			Chapter	7

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	2,455.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	2,455.00

### State the following:

Average Income (from Schedule I, Line 12)	1,931.32
Average Expenses (from Schedule J, Line 22)	2,023.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	2,647.24

#### State the following:

	-	_
Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	2,455.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		64,698.73
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		64,698.73

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B6A (Official Form 6A) (12/07)

In re	Josephine Dandridge	Case No.
-		Debtor

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > 0.00 (Total of this page)

Total > 0.00

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

In re	Josephine Dandridge	Case No	
_		Debtor	

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	Cash on hand	-	5.00
2.	Checking, savings or other financial	Checking Account with JP Morgan Chase Bank	-	300.00
	accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and	Savings Account with American First	-	82.10
	homestead associations, or credit unions, brokerage houses, or cooperatives.	Checking Account with American First	-	250.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings, including audio, video, and computer equipment.	Used personal household furniture and goods/items	-	300.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		
6.	Wearing apparel.	Used personal clothing and accessories	-	250.00
7.	Furs and jewelry.	X		
8.	Firearms and sports, photographic, and other hobby equipment.	X		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X		
10.	Annuities. Itemize and name each issuer.	X		

Sub-Total >	1,187.10
(Total of this page)	

<sup>2</sup> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re	Josephine Dandridge	Case No.
		Debtor

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Tons of Property	N O	Description and Leasting of Description	Husband, Wife,	Current Value of Debtor's Interest in Property,
	Type of Property	Ň E	Description and Location of Property	Joint, or	without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	Х			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	Х			
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	Х			
14.	Interests in partnerships or joint ventures. Itemize.	Χ			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	Х			
16.	Accounts receivable.	Χ			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.		2014 Estimated Tax Refund - \$1204 DEBTOR SPENT DN LIVING EXPENSES	-	1.00
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
				Sub-Tota	al > 1.00
			(Total	of this page)	

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re Joseph	nine Dandridge	Case No.	
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Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	2014	Chevy Cruze - estimated mileage 19,000	-	12,400.00
26.	Boats, motors, and accessories.	Χ			
27.	Aircraft and accessories.	Χ			
28.	Office equipment, furnishings, and supplies.	Χ			
29.	Machinery, fixtures, equipment, and supplies used in business.	Χ			
30.	Inventory.	Χ			
31.	Animals.	Χ			
32.	Crops - growing or harvested. Give particulars.	Χ			
33.	Farming equipment and implements.	Χ			
34.	Farm supplies, chemicals, and feed.	Х			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > 12,400.00 (Total of this page)

Total >

13,588.10

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

In re	Josephine Dandridge	Case No.	
-		Debtor	

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on Hand Cash on hand	735 ILCS 5/12-1001(b)	5.00	5.00
Checking, Savings, or Other Financial Accounts, Cert Checking Account with JP Morgan Chase Bank	ificates of Deposit 735 ILCS 5/12-1001(b)	300.00	300.00
Savings Account with American First	735 ILCS 5/12-1001(b)	82.10	82.10
Checking Account with American First	735 ILCS 5/12-1001(b)	250.00	250.00
Household Goods and Furnishings Used personal household furniture and goods/items	735 ILCS 5/12-1001(b)	300.00	300.00
Wearing Apparel Used personal clothing and accessories	735 ILCS 5/12-1001(a)	250.00	250.00
Other Liquidated Debts Owing Debtor Including Tax F 2014 Estimated Tax Refund - \$1204 DEBTOR SPENT ON LIVING EXPENSES	Refund 735 ILCS 5/12-1001(b)	1,204.00	1.00

Total: 2,391.10 1,188.10

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B6D (Official Form 6D) (12/07)

In re	Josephine Dandridge	Case No.	
		Debtor	

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No.	C O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN  2014 Chevy Cruze - estimated mileage 19,000	CONTINGENT	LIC	SPUTEO	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Expert Financing PO BOX 9197 Pompano Beach, FL 33075		-	Value \$ 12,400.00				18,000.00	0.00
Account No.			Value \$	-				
Account No.			Value \$					
Account No.			Value \$					
0 continuation sheets attached			S (Total of the	his			18,000.00	0.00
			(Report on Summary of Sc		ota lule		18,000.00	0.00

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B6E (Official Form 6E) (4/13)

In re	Josephine Dandridge	Case No
-	<u> </u>	Debtor

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate oeled

schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled. "Government of the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliq
Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to prior listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relat of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
■ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Feder Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

In re	Josephine Dandridge	Case No.	
•			

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) Account No. 1362 2006 Payed off? **IRS** 0.00 PO BOX 16336 Philadelphia, PA 19114 1,608.00 1,608.00 2008 Account No. 2101 **IRS** 0.00 Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346 847.00 847.00 Account No. Account No. Account No. Subtotal 0.00 Sheet 1 of 1 continuation sheets attached to (Total of this page) 2,455.00 Schedule of Creditors Holding Unsecured Priority Claims 2,455.00 Total 0.00 (Report on Summary of Schedules) 2,455.00 2,455.00

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B6F (Official Form 6F) (12/07)

In re	Josephine Dandridge		Case No.	
,		Debtor	,	

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	ç	Н	usband, Wife, Joint, or Community	Ç	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	) N H	CONSIDERATION FOR CLAIM. IF CLAIM	ONTINGEZ	UNLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
Account No. 7709			3/7/12	T	Ť		
Accounts Receivable Mngmt PO Box 129 Thorofare, NJ 08086-0129		-	Original Creditor: Target Nat'l bank as of 3/7/12		D		1,405.96
Account No. 5488		<u> </u>	CIGPF I CORP		+		1,403.90
ACI, LLC 35A Rush Lane Boerne, TX 78006		-	7/9/12				1,434.14
Account No. 6815			9/25/14				
ACL, Inc. 8901 W. Lincoln Ave. Milwaukee, WI 53227		-					
Account No. 1949			8/29/14		╀		180.10
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016		-					86.00
10 continuation sheets attached		1	(Total o	Sub f this			3,106.20

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B6F (Official Form 6F) (12/07) - Cont.

In re	Josephine Dandridge	Ca	se No
_		Debtor	

		1		1.		_	1
CREDITOR'S NAME,	CODEBTO	Hu	usband, Wife, Joint, or Community	-16	DRLLGD	D	
MAILING ADDRESS	P	Н		Ŋ	Ļ	S P	
INCLUDING ZIP CODE,	B	W	CONSIDERATION FOR CLAIM. IF CLAIM	Hi.	Q	บู	
AND ACCOUNT NUMBER	T	C	IS SUBJECT TO SETOFF, SO STATE.	I N	ľ	U T E	AMOUNT OF CLAIM
(See instructions above.)	Ř			CONTINGENT	ח	D	
Account No. 6100				Ť	A T E D		
1 mm + 1 m +				-	Ь		-
Affiliated Radiologists S.C.							
Dept 4104		-					
Carol Stream, IL 60122							
	L						70.00
Account No. 5901	1		AT&T				
Afri: In a							
Afni, Inc							
1310 MLK Drive		-					
PO BOX 3517							
Bloomington, IL 61702							
							501.88
Account No. 2905	T	l					
	1						
AMC Anesthesia LTD							
35078 Eagle Way		-					
Chicago, IL 60678							
							524.00
Account No. 0657	T		ACL Laboratories				
	1						
American Medical Collection Agency							
4 Westchester Plaza, Building 4		-					
Elmsford, NY 10523							
							127.00
Account No. 5896	T						
	1						
Applied Bank	1	1			l		
PO Box 17120		-					
Wilmington, DE 19886							
							3,137.04
Sheet no1 of _10_ sheets attached to Schedule of	_			Subt	otc	<u>L</u>	
							4,359.92
Creditors Holding Unsecured Nonpriority Claims			(Total of	ınıs	pag	e)	·

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B6F (Official Form 6F) (12/07) - Cont.

In re	Josephine Dandridge	Case No.	
_		Debtor	

	10	T	I I Will I Was a second	Τ.	1	15	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	LQU	D I S P U T E D	AMOUNT OF CLAIM
Account No. 0051	1			'	Ė		
Applied Bank PO Box 17120 Wilmington, DE 19886		-					167.01
Account No. 0444	╂	-	7/15/11	+	╁	-	
Cavalry Portfolio Services, LLC PO BOX 1017 Hawthorne, NY 10532		-	HSBC/Bestbuy 12/23/13				
							882.00
Account No.  CBCS PO BOX 165025 Columbus, OH 43216		-	2008 Ingalls Hospital				242.70
Account No. 4040	t		8/16/11				
CCB Credit Services 5300 S 6th St Springfield, IL 62703		-	HSBC 8/16/11				1,022.18
Account No. 8860	╀	┢	3/7/14	+	+	$\vdash$	1,022.10
City of Chicago Department of Revenue PO BOX 88292 Chicago, IL 60680		-	Parking tickets				610.00
Sheet no. 2 of 10 sheets attached to Schedule of	_	_	1	Sub	tota	al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				2,923.89

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B6F (Official Form 6F) (12/07) - Cont.

In re	Josephine Dandridge	Case No	
-		Debtor	

CDEDITODIS NAME	С	Hu	sband, Wife, Joint, or Community		С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAID IS SUBJECT TO SETOFF, SO STATE.	1	ONTINGEN	DZLLQULDAHE	ISPUTED	AMOUNT OF CLAIM
Account No. 5048			Applied Bank		Ť	T		
Credit Control LLC 5757 Phantom Drive Hazelwood, MO 63042		-				D		185.20
Account No. 0988	-							100.20
Dell Preferred Account Payment Processing Center PO Box 6403 Carol Stream, IL 60197-6403		-						1,612.96
Account No. 0282	╀		Diagnostic Radiology Specialists					1,012.90
Dependon Collection Service, INC. PO BOX 4833 Oak Brook, IL 60522		-	Elagication talkinology operations					64.54
Account No. 3377	╁							
Direct Rewards Platinum		-						400.75
Account No. 3490	╁		Sprint					409.75
Enchanced Recovery Corp PO BOX 23870 Jacksonville, FL 32241		-						505.47
Sheet no. <u>3</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	1		(T	S l of th		ota		2,777.92

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B6F (Official Form 6F) (12/07) - Cont.

In re	Josephine Dandridge	Case No.	
		Debtor '	

	С	Нп	sband, Wife, Joint, or Community	<u> </u>	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	L I Q	SPUTED	AMOUNT OF CLAIM
Account No. 4154			12/19/10	Т	T E D		
Enhanced Recovery Corporation 8014 Bayberry Rd. Jacksonville, FL 32256		-	Original Creditor: Capital One/Kohl's				678.90
Account No. 6881	╀		3/4/11	+	╁		070.00
First Nat'l Collection Bureau 610 Waltham Way Sparks, NV 89434		-	Original Creditor: First Premier Bank as of 12/31/14				543.92
Account No. 2640	╁						040.02
HSBC/Best Buy PO BOX 17298 Baltimore, MD 21297		-					167.00
Account No. 926	╁			+			
Joseph S Thomas MD 9727 S Western Chicago, IL 60643		-					3,224.30
Account No. 0207	$\vdash$		9/17/11	+	-	$\vdash$	5,224.50
Lewanzer Lassiter, M 2555 S ML King Drive Chicago, IL 60616		-					366.00
Sheet no4 of _10_ sheets attached to Schedule of	_			Sub	tota	<u>Լ</u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of				4,980.12

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In re	Josephine Dandridge	Ca	se No
_		Debtor	

	_	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				_	
CREDITOR'S NAME, MAILING ADDRESS	000	H	sband, Wife, Joint, or Community		ON	UNLL	D I S	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M		I	T L Z G E Z	I QU I DATE	SPUHED	AMOUNT OF CLAIM
Account No. 0108		r	6/5/9		T	T E		
Little Company of Mary Hospital 2800 W. 95th St Evergreen Park, IL 60805		_				D		1,153.80
Account No. 7507	T	r	6/28/10					
Medical Recovery Specialists, Inc 2250 E. Devon Ave Ste 352 Des Plaines, IL 60018		-	Advocate Christ Medical Center 9/29/11					
								7,220.00
Account No. 2317  Medical Recovery Specialists, Inc 2250 E. Devon Ave Ste 352  Des Plaines, IL 60018		-	5/19/10 Advocate Christ Medical Center 9/29/11					
								169.00
Account No. 5187  Medical Recovery Specialists, Inc 2250 E. Devon Ave Ste 352 Des Plaines, IL 60018		_	Advocate Christ Medical Center 9/29/11					130.00
Account No. 0001		l	Rush University Medical Center					
Medical Recovery Specialists, Inc 2250 E. Devon Ave Ste 352 Des Plaines, IL 60018		_						2,406.41
Sheet no. <u>5</u> of <u>10</u> sheets attached to Schedule of	_	<u> </u>	<u> </u>		ub1	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Tota					11,079.21

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In re	Josephine Dandridge	Case No	
_		Debtor	

ODEDITORIS NAME	С	Hu	sband, Wife, Joint, or Community	C	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	L I Q	ISPUTED	AMOUNT OF CLAIN
Account No. 8258	Γ		Midwest Diagnostic Pathology Associates	Т	E		
Medical Recovery Specialists, Inc 2250 E Devon Ave STE 352 Des Plaines, IL 60018		-			D		102.00
Account No. 0028	┢		Original Creditor: Credit One Bank, N.A.	+	+	$\vdash$	
Midland Funding LLC PO BOX 60578 Los Angeles, CA 90060	-	-					2,057.26
Account No. 0270	H			+	+	-	
Midwest Diagnostic Pathology, SC 75 Remittance Dr Ste 3070 Chicago, IL 60675		-					167.50
Account No. 0101	┢		12/17/07		+	-	.000
Midwest Emergency Associates PO BOX 5990 Carol Stream, IL 60197	-	-					277.00
Account No. 5896	┢			+		+	
Nations Recovery Center, Inc. P.O. Box 620130 Atlanta, GA 30362-2130		-					3,137.04
Sheet no. 6 of 10 sheets attached to Schedule of	_		1	Sub	tot	al	E 740.00
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	pa	ge)	5,740.80

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B6F (Official Form 6F) (12/07) - Cont.

In re	Josephine Dandridge	Ca	se No
_		Debtor	

CDEDITORIS NAME	С	F	lusband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	F V J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	COXFLXGEX	Q	I S P U T E D	AMOUNT OF CLAIM
Account No. 9061			GE Capital-WalMart	Т	T E D		
Nationwide Credit Inc 4700 Vestal Pkwy E Vestal, NY 13850-3770		-					1,132.91
Account No. 5048	$\top$	t	Capital One	+			
NCO Financial Systems, Inc PO BOX 15894 Wilmington, DE 19850		-					1,092.84
Account No. 5187	$\top$	t	7/13/10		-		
Oaklawn Radiology ImagingConsultant 37241 Eagle Way Chicago, IL 60678		-					4.50
Account No. 2317	+	ł					
Oaklawn Radiology ImagingConsultant 37241 Eagle Way Chicago, IL 60678		-					86.00
Account No. 3734	+	t	1/9/12	+			
Portfolio Recovery Associates, LLC PO BOX 12914 Norfolk, VA 23541		-	Original Creditor: Same's Club/GE Capital Retail Bank as of 4/12/13				400.07
	丄						493.87
Sheet no. <u>7</u> of <u>10</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			2,810.12

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B6F (Official Form 6F) (12/07) - Cont.

In re	Josephine Dandridge	Case No.
-		Debtor

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		č	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J C	DATE CLAIM WAS INCURRED A CONSIDERATION FOR CLAIM. IF CI IS SUBJECT TO SETOFF, SO STAT	LAIM	ONTINGEN		I S P U T E D	AMOUNT OF CLAIM
Account No. 4652					T	E		
Quest Diagnostics PO BOX 64804 Baltimore, MD 21264		-				D		186.00
Account No. xx-xx-xx2230			3/23/15					100.00
RESURGENCE CAPITAL c/o RESURGENCE LEGAL GROUP P 1161 LAKE COOK#E Deerfield, IL 60015		-						
								8,914.58
Account No. 3542  Rush University Medical Center PO BOX 4075 Carol Stream, IL 60197		-	1/25/15 2/24/15					250.00
Account No. 65561002002	╁				$\vdash$			
Computer Credit, Inc Claim Dept 009500 640 West Fouth Street, PO BOX 5238 Winston Salem, NC 27113			Representing: Rush University Medical Center					Notice Only
Account No. 3297  Sage Capital Recovery 1040 Kings Hwy N Cherry Hill, NJ 08034		-	8/31/12 Original Creditor: Merrick Bank as of 1/31/14					
								2,379.31
Sheet no. <u>8</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•			(Total of t		tota		11,729.89

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B6F (Official Form 6F) (12/07) - Cont.

In re	Josephine Dandridge	Ca	se No
_		Debtor	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	С		Į D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	NLIGUIDATER	I I S P U T E D	AMOUNT OF CLAIM
Account No. 1000			7/30/2011	٦	E		
Santander Consumer USA PO Box 961245 Fort Worth, TX 76161		-	as of 7/31/11		D		10,634.89
Account No. 4876	╁			+	+		10,001.00
Swedish Covenant Hospital 3732 Paysphere Circle Chicago, IL 60674		-					1 006 60
Account No. 1247	╀			+	+	+	1,996.60
Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321		-					384.75
Account No. 1327	H			+	$\frac{1}{1}$	+	
University Pathologists, P.C. 5700 Southwyck Blvd Toledo, OH 43614		-					18.00
Account No. 7570	$\vdash$		Washington Mutual Bank FKA Providian Nat'l	+	+	+	.5.55
Veldos, LLC PO BOX 2824 Woodstock, GA 30188		-	Bank 4/15/14				1,658.70
Sheet no9 of _10_ sheets attached to Schedule of	1_		<u>L</u>	Sub	tot	al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				14,692.94

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B6F (Official Form 6F) (12/07) - Cont.

In re	Josephine Dandridge	Case No.	
•		Debtor	

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	CO	U	P		
MAILING ADDRESS	Ď	н	DATE CLAIM WAS INCURRED AND	Ň	Ë	D I S P U T I		
INCLUDING ZIP CODE, AND ACCOUNT NUMBER	B	W	CONSIDERATION FOR CLAIM. IF CLAIM	İ	Q	Įψ	ا اِ	AMOUNT OF CLAIM
(See instructions above.)	CODEBTOR	c	IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT				AMOUNT OF CLAIM
Account No. 7171	H	H	Cavalry/HSBC/Orchard Bank	- N T	Ā	Þ	+	
	1			$\vdash$	D	1	4	
Vision Financial Corp								
PO BOX 460260		-						
Saint Louis, MO 63146								
								477.72
Account No. x7695			4/15/11	T			T	
Womens Healthcare of IL		L						
9730 S Western Ave ste 100								
Evergreen Park, IL 60805								
Evergreen Fark, iL 60605								20.00
Account No.	┝	-		+		$\vdash$	+	20.00
Account ivo.	ł							
Account No.	╁			+		+	+	
The same is a	ł							
Account No.	t			$\dagger$		t	$\dagger$	
	1							
Sheet no. 10 of 10 sheets attached to Schedule of	_			Subt	tota	ıl.	†	
Creditors Holding Unsecured Nonpriority Claims			(Total of t					497.72
2 2 Chaire a nonphorn, Chains			(Total of t				·  -	
			/D		ota			64,698.73
			(Report on Summary of So	cnec	ıule	es)		J <del>-1</del> ,000.70

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B6G (Official Form 6G) (12/07)

In re	Josephine Dandridge	Case No.
		Debtor

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Ms. Lucile Wadlington 1217 W 80th Street Chicago, IL 60620 Month-to-Month terms

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B6H (Official Form 6H) (12/07)

In re	Josephine Dandridge	Case No.	
-		, Debtor	

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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Fill	in this information to	identify your ca	ase:							
Deb	btor 1 Josephine Dandridge									
-	otor 2 ouse, if filing)					_				
Uni	ted States Bankrupt	cy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_				
Case number (If known)							Check if this is:  An amende  A supplement 13 income a	ent showing	post-petition	chapter
O	fficial Form	B 6I					MM / DD/ Y	<del>YYY</del>		
So	chedule I: `	Your Inc	ome				WWW, 25, 1			12/13
sup spo atta Par	plying correct inforuse. If you are sepach a separate shee	rmation. If you arated and you to this form.	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and you th you, do not inc	r spouse i lude inforr	s livi natio	ing with you, inclu on about your spo	ude inform use. If mo	ation about y re space is n	your leeded,
1.	Fill in your emplo information.	yment		Debtor 1			Debtor 2	or non-fil	ing spouse	
	If you have more than one job, attach a separate page with information about additional employers.		Employment status	■ Employed □ Not employed	Not employed			☐ Employed ☐ Not employed		
		conconal or	Occupation	Cashier						
	Include part-time, self-employed wor		Employer's name	Jewel Osco						
	Occupation may ir or homemaker, if i		Employer's address	1955 W. North Chicago, IL	Ave					
			How long employed ti	here? 19 mo	onths					
Par	Give Det	ails About Mor	thly Income							
	mate monthly inco use unless you are s		ate you file this form. If y	you have nothing to	report for	any I	ine, write \$0 in the	space. Incl	ude your non	-filing
	u or your non-filing s e space, attach a se		ore than one employer, co this form.	ombine the informat	ion for all e	mplo	yers for that perso	n on the lin	es below. If y	ou need
							For Debtor 1	For Deb	tor 2 or ng spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	2,867.84	\$	N/A	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross I	ncome. Add lir	ne 2 + line 3.		4.	\$	2,867.84	\$	N/A	

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	-		number ( <i>if known</i> )		
		For	Debtor 1		btor 2 or ing spouse
ppy line 4 here	4.	\$	2,867.84	\$	N/A
st all payroll deductions:					
• •	5a.	\$	935 61	\$	N/A
· · · · · · · · · · · · · · · · · · ·		· —			N/A
·		<u>\$</u> —		\$	N/A
	5d.	\$		\$	N/A
. Insurance	5e.	\$		\$	N/A
Domestic support obligations	5f.	\$		\$	N/A
. Union dues	5g.	\$		\$	N/A
. Other deductions. Specify: United Way-Charitable Contribution	5h.+	\$		+ \$	N/A
Id the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	936.52	\$	N/A
lculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,931.32	\$	N/A
<b>5</b> ,		_			
monthly net income.	8a.	\$	0.00	\$	N/A
	8b.	\$	0.00	\$	N/A
<ul> <li>Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</li> </ul>	8c.	\$	0.00	\$	N/A
	8d.	\$		\$	N/A
	8e.	\$	0.00	\$	N/A
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	N/A N/A
	-	\$		+ \$	N/A
	9.	\$	0.00	\$	N/A
deutete monthis income. Add For 7 - For 0	40 6		004 00 r C		N/A
•	10. 5	1	<u>,931.32</u> + \$_		N/A = \$ 1,931.32
Ç .	 J.				
ner friends or relatives. onot include any amounts already included in lines 2-10 or amounts that are not a	·	•	•		edule J. 11. +\$ 0.00
rite that amount on the Summary of Schedules and Statistical Summary of Certai					12. \$1,931.32
	2				Combined monthly income
No.					
	st all payroll deductions:  Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  Voluntary contributions for retirement plans  Required repayments of retirement fund loans Insurance Domestic support obligations  Union dues  Other deductions. Specify: United Way-Charitable Contribution define payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  Ideulate total monthly take-home pay. Subtract line 6 from line 4.  Ist all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income  Other monthly income. Add line 7 + line 9.  Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  Id all other regular contributions to the expenses that you list in Schedule slude contributions from an unmarried partner, members of your household, your retriends or relatives.  In the property of the property and business and Statistical Summary of Certain plies  Devouexpect an increase or decrease within the year after you file this form	st all payroll deductions:  Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  Voluntary contributions for retirement plans  Required repayments of retirement fund loans  Required repayments of retirement fund loans  Required repayments of retirement fund loans  Social Support obligations  Union dues  Other deductions. Specify:  United Way-Charitable Contribution  Sh.+  did the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. Inculate total monthly take-home pay. Subtract line 6 from line 4.  7. st all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9.  Includate monthly income. Add lines 7 + line 9.  Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  ate all other regular contributions to the expenses that you list in Schedule J. slude contributions from an unmarried partner, members of your household, your dependent friends or relatives.  In or include any amounts already included in lines 2-10 or amounts that are not available ecify:  In the that amount in the last column of line 10 to the amount in line 11. The result is the first that amount on the Summary of Schedules and Statistical Summary of Certain	py line 4 here  st all payroll deductions:  Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  Notuluntary contributions for retirement plans  Required repayments of retirement fund loans  Insurance  Domestic support obligations  Union dues  Other deductions. Specify:  United Way-Charitable Contribution  Sh. \$  Id the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  Add line from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly receive  Include and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include and advivence and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Add lines 7 + line 9.  Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  Id all other regular contributions to the expenses that you list in Schedule J. and the regular contributions from an unmarried partner, members of your household, your depe	st all payroll deductions:  Tax, Medicare, and Social Security deductions Tax, Medicare, and Social Security deductions Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Soc. \$0.00 Voluntary contributions for retirement plans Soc. \$0.00 Required repayments of retirement fund loans Required repayments of retirement fund loans Social Security United Way-Charitable Contribution Insurance Domestic support obligations Union dues Union dues Union dues Union dues Other deductions. Specify: United Way-Charitable Contribution Sh.+ \$0.00 Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Social Security Social Security Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Inserest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include animony, spousal support, child support, maintenance, divorce settlement, and property settlement. Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: She Social Security Other monthly income. Specify: She Social Security Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  Social Security Other monthly income. Add lines 7 + line 9. Social Security Other monthly income. Add lines 7 + line 9. Social Security Other monthly income. Add lines 8a-8b-8c-8d-8e-8f-8g+8h. Social Security Other monthly income. Add lines 8a-8b-8c-8d-8e-8f-8g-8h. Social Security Social S	st all other income regularly received:  Net clast each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly receive include clast ments that you, a non-filing spouse, or a dependent regularly receive include cash assistance that you regularly receive include cash assistance that you regularly receive (but the rincome. Add lines 8a+8b+8c+8d+8e+8l+8g+8h.  Is all other rincome. Add lines 7+ line 9.  Other device and roll to the amount in line 11. The result is the combined monthly income. To you expense in line 10 for Debtor 1 and Debtor 2 or amounts that are not available to pay expenses listed in Schedule 2 or you expect an increase or decrease within the year after you file this form?  No.

Schedule I: Your Income

page 2

Official Form B 6I

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Fill i	n this inform	ation to identify y	our case:							
Debt	or 1	locanhina D	ondridae			Cho	ck if this is:			
Debt	OI I	Josephine D	andriage				An amended filing			
Debt	or 2						•	ving post-petition chapte	r	
(Spo	use, if filing)						13 expenses as of			
Unite	ed States Banl	kruptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY			
Casa	e number					☐ A separate filing for Debtor 2 because De				
	iown)						2 maintains a sepa		.01	
Of	ficial Fo	orm B 6J								
		e J: Your	_ Evner	202				12	112	
				If two married people ar	e filing together, ho	th are equ	ially responsible fo		13	
info	rmation. If ı		eded, atta	ch another sheet to this						
Part		cribe Your House	ehold							
1.	Is this a jo	int case?								
	■ No. Go	to line 2. es Debtor 2 live	in a separa	ate household?						
		No								
		Yes. Debtor 2 mu	st file a sep	arate Schedule J.						
2.	Do you ha	ve dependents?	■ No							
	Do not list I Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?		
	Do not state							□ No		
	dependents	s' names.						☐ Yes		
								□ No		
								☐ Yes		
								□ No □ Yes		
								□ res		
								☐ Yes		
3.	Do your ex	cpenses include		No				<b>-</b> 103		
		of people other t	han 🗖	Yes						
	<u> </u>			_						
Part		mate Your Ongo		y Expenses ıptcy filing date unless y	ou are using this fo	rm 26 2 61	innlement in a Cha	inter 13 case to report		
expe		a date after the		y is filed. If this is a supp						
				government assistance i						
	value of sud icial Form 6		id nave inc	luded it on Schedule I: Y	our Income		Your expe	enses		
4.		or home owners and any rent for th		ses for your residence. In r lot.	nclude first mortgage		\$	700.00		
	If not inclu	ıded in line 4:								
	4a. Real	estate taxes				4a. S	\$	0.00		
	4b. Prop	erty, homeowner'	s, or renter	's insurance		4b. 3	\$	0.00		
	4c. Hom	e maintenance, re	epair, and ι	pkeep expenses		4c.	\$	0.00		
		eowner's associa					\$	0.00		
5	Additional	mortgage navm	ants for vo	ur residence such as ho	me equity loans	5 9	<u> </u>	0.00		

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ebtor 1 <u>Josephin</u>	e Dandridge	Case num	ber (if known)	
. Utilities:				
	heat, natural gas	6a.	\$	275.00
•	ver, garbage collection	6b.	\$	0.00
	e, cell phone, Internet, satellite, and cable services	6c.	\$	
6d. Other. Spe		6d.		85.00 0.00
			·	
	ekeeping supplies	7.	\$	350.00
	hildren's education costs	8.	\$	0.00
	ry, and dry cleaning	9.	\$	65.00
_	roducts and services	10.	\$	80.00
Medical and de	•	11.	\$	60.00
•	Include gas, maintenance, bus or train fare.	12.	<b>c</b>	146.00
Do not include ca			· ——	
	clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	ributions and religious donations	14.	\$	0.00
Insurance.	and the state of the second and			
15a. Life insura	surance deducted from your pay or included in lines 4 or 20.	150	<b>c</b>	0.00
		15a. 15b.		0.00
15b. Health ins			•	0.00
15c. Vehicle in		15c.		187.00
15d. Other insu	• •	15d.	\$	0.00
	clude taxes deducted from your pay or included in lines 4 or 20.		•	
Specify:		16.	\$	0.00
Installment or le	• •	47	•	0.00
17a. Car payme		17a.	·	0.00
	ents for Vehicle 2	17b.		0.00
17c. Other. Spe	•	17c.		0.00
17d. Other. Spe	•	17d.	\$	0.00
	of alimony, maintenance, and support that you did not report a		•	0.00
	your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.		
	s you make to support others who do not live with you.		\$	0.00
Specify:		19.	_	
	erty expenses not included in lines 4 or 5 of this form or on Sci			0.00
	s on other property	20a.		0.00
20b. Real estat		20b.		0.00
	nomeowner's, or renter's insurance	20c.	· —	0.00
20d. Maintenar	ce, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeown	er's association or condominium dues	20e.	\$	0.00
. Other: Specify:	Grooming	21.	+\$	25.00
Auto Repairs			+\$	40.00
Postage			+\$	10.00
	ann ann ann Aidd Paras Aitheanach Od		Φ.	
	xpenses. Add lines 4 through 21.	22.	\$	2,023.00
•	r monthly expenses.		-	
•	monthly net income.	00:	œ.	4 004 00
	12 (your combined monthly income) from Schedule I.	23a.		1,931.32
23b. Copy your	monthly expenses from line 22 above.	23b.	-\$	2,023.00
	our monthly expenses from your monthly income.	230	\$	-91.68
The result	is your monthly net income.	23c.	Ψ	31.00
For example, do yo modification to the	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your terms of your mortgage?			crease or decrease because of a
■ No.				
☐ Yes.				
Explain:				

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Document

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B6 Declaration (Official Form 6 - Declaration). (12/07)

### **United States Bankruptcy Court Northern District of Illinois**

In re	Josephine Dandridge			Case No.					
		Debtor(s)		Chapter	7				
	DECLARATION CONCERNING DEBTOR'S SCHEDULES								
	DECLARATION UNDER I	PENALTY (	OF PERJURY BY INDIVI	DUAL DEI	BTOR				
	I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of27								
	sheets, and that they are true and correct to the	he best of m	y knowledge, information,	and belief.					
Date	April 13, 2015	Signature	/s/ Josephine Dandridge Josephine Dandridge						
			Debtor						

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

### United States Bankruptcy Court Northern District of Illinois

In re	Josephine Dandridge	Case No.		
		Debtor(s)	Chapter	7

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE \$7,434.75 2015 YTD: Debtor Employment Income \$28,779.00 2014: Debtor Employment Income \$33,604.00 2013: Debtor Employment Income

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ TRANSFERS AMOUNT PAID OR VALUE OF TRANSFERS

AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

e a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE STAHULAK & ASSOCIATES, L.L.C 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 3/27/15

AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$649 attorney fees

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NAME AND ADDRESS OF PAYEE Access Counseling, Inc. 633 W 5th Street Suite 26001 Los Angeles, CA 90071 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 3/25/15 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$9 credit counseling course

### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

## 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

## 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

## ${\bf 14. \ Property \ held \ for \ another \ person}$

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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## 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

## 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

SS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the

docket number.

NAME AND ADDRESS OF
GOVERNMENTAL UNIT DOCKET NUMBER

STATUS OR DISPOSITION

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## 18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six vears immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

## 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

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#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

. . . . .

(Specify cost, market of other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

or needle total

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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# 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date April 13, 2015

Signature /s/ Josephine Dandridge
Josephine Dandridge
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

# United States Bankruptcy Court Northern District of Illinois

Case No. Chapter 7  F INTENTION  for EACH debt which is secured by ring Debt: nated mileage 19,000
F INTENTION  for EACH debt which is secured by  ring Debt:
for <b>EACH</b> debt which is secured by ring <b>Debt</b> :
ring Debt:
522(f)).
t
e completed for each unexpired lease.
ase will be Assumed pursuant to 11 S.C. § 365(p)(2): YES  NO
erty of my estate securing a debt and/

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# **United States Bankruptcy Court** Northern District of Illinois

In re	Josephine Dai	ndrida	je			Case N	Vo.	
		- 3			Debtor(s)	Chapte		7
	DIS	CLO	OSURE OF C	OMPENSATI	ON OF ATT	ORNEY FOR	DE	BTOR(S)
		e year	r before the filing of	the petition in bank	ruptcy, or agreed t	o be paid to me, for		med debtor and that compensatio ces rendered or to be rendered on
	For legal service	es, I h	nave agreed to accep	t		\$		649.00
	Prior to the fili	ng of t	his statement I have	received		\$		649.00
								0.00
2.	\$ of the fi							
3. T	The source of the co	mpens	sation paid to me wa	as:				
	■ Debtor		Other (specify):					
4.	The source of comp	ensatio	on to be paid to me i	s:				
	■ Debtor		Other (specify):					
5.	■ I have not agree	d to sh	nare the above-discl	osed compensation v	with any other pers	son unless they are m	nemb	ers and associates of my law firm
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law fire copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.								
6.	In return for the abo	ve-dis	sclosed fee, I have a	greed to render lega	l service for all asp	ects of the bankrupt	су са	ase, including:
	b. Preparation and	filing of the d	of any petition, sche lebtor at the meeting	dules, statement of	affairs and plan wh		;	ile a petition in bankruptcy; ings thereof;
7.	By agreement with t Represent adversary	tation	of the debtors in a				relief	f from stay actions or any other
				CERT	IFICATION			
	I certify that the fore cankruptcy proceeding		is a complete stater	ment of any agreeme	ent or arrangement	for payment to me f	or re	presentation of the debtor(s) in
Date	d: April 13, 2015				/s/ Thomas G. S	Stahulak		
					Thomas G. Sta	hulak 6288620		
					Stahulak & Ass			
					53 W. Jackson Chicago, IL 606	Blvd., Suite 652		
						504 Fax: (312) 268-7	328	
						ndassociates.com		

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

# 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

## 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

# Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

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Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

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B 201B (Form 201B) (12/09)

# United States Rankruntcy Court

		rthern District of Illinois	11 0	
In re	Josephine Dandridge		Case No.	
		Debtor(s)	Chapter 7	
		NOTICE TO CONSUM OF THE BANKRUPTO	`	5)
Code.	I (We), the debtor(s), affirm that I (we) have re	Sertification of Debtor exceived and read the attached no	otice, as required by	§ 342(b) of the Bankruptcy
Josephine Dandridge		X /s/ Josephine D	andridge	April 13, 2015
Printed	d Name(s) of Debtor(s)	Signature of De	btor	Date
Case No. (if known)		X		
		Signature of Joi	nt Debtor (if any)	Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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# United States Bankruptcy Court Northern District of Illinois

		Not thet if District of Illinois		
In re	Josephine Dandridge		Case No.	
		Debtor(s)	Chapter 7	
	VEI	RIFICATION OF CREDITOR M	ATRIX	
		Number of	Creditors:	49
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credit	ors is true and correct t	to the best of my
Date:	April 13, 2015	/s/ Josephine Dandridge Josephine Dandridge Signature of Debtor		

Accounts Receivable Mngmt PO Box 129 Thorofare, NJ 08086-0129

ACI, LLC 35A Rush Lane Boerne, TX 78006

ACL, Inc. 8901 W. Lincoln Ave. Milwaukee, WI 53227

Advocate Medical Group 701 Lee Street Des Plaines, IL 60016

Affiliated Radiologists S.C. Dept 4104 Carol Stream, IL 60122

Afni, Inc 1310 MLK Drive PO BOX 3517 Bloomington, IL 61702

AMC Anesthesia LTD 35078 Eagle Way Chicago, IL 60678

American Medical Collection Agency 4 Westchester Plaza, Building 4 Elmsford, NY 10523

Applied Bank PO Box 17120 Wilmington, DE 19886

Cavalry Portfolio Services, LLC PO BOX 1017 Hawthorne, NY 10532

CBCS PO BOX 165025 Columbus, OH 43216 CCB Credit Services 5300 S 6th St Springfield, IL 62703

City of Chicago Department of Revenue PO BOX 88292 Chicago, IL 60680

Computer Credit, Inc Claim Dept 009500 640 West Fouth Street, PO BOX 5238 Winston Salem, NC 27113

Credit Control LLC 5757 Phantom Drive Hazelwood, MO 63042

Dell Preferred Account Payment Processing Center PO Box 6403 Carol Stream, IL 60197-6403

Dependon Collection Service, INC. PO BOX 4833 Oak Brook, IL 60522

Direct Rewards Platinum

Enchanced Recovery Corp PO BOX 23870 Jacksonville, FL 32241

Enhanced Recovery Corporation 8014 Bayberry Rd. Jacksonville, FL 32256

Expert Financing PO BOX 9197 Pompano Beach, FL 33075

First Nat'l Collection Bureau 610 Waltham Way Sparks, NV 89434

HSBC/Best Buy PO BOX 17298 Baltimore, MD 21297

IRS PO BOX 16336 Philadelphia, PA 19114

IRS Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346

Joseph S Thomas MD 9727 S Western Chicago, IL 60643

Lewanzer Lassiter, M 2555 S ML King Drive Chicago, IL 60616

Little Company of Mary Hospital 2800 W. 95th St Evergreen Park, IL 60805

Medical Recovery Specialists, Inc 2250 E. Devon Ave Ste 352 Des Plaines, IL 60018

Medical Recovery Specialists, Inc 2250 E Devon Ave STE 352 Des Plaines, IL 60018

Midland Funding LLC PO BOX 60578 Los Angeles, CA 90060

Midwest Diagnostic Pathology, SC 75 Remittance Dr Ste 3070 Chicago, IL 60675

Midwest Emergency Associates PO BOX 5990 Carol Stream, IL 60197

Nations Recovery Center, Inc. P.O. Box 620130 Atlanta, GA 30362-2130

Nationwide Credit Inc 4700 Vestal Pkwy E Vestal, NY 13850-3770

NCO Financial Systems, Inc PO BOX 15894 Wilmington, DE 19850

Oaklawn Radiology ImagingConsultant 37241 Eagle Way Chicago, IL 60678

Portfolio Recovery Associates, LLC PO BOX 12914 Norfolk, VA 23541

Quest Diagnostics PO BOX 64804 Baltimore, MD 21264

RESURGENCE CAPITAL c/o RESURGENCE LEGAL GROUP P 1161 LAKE COOK#E Deerfield, IL 60015

Rush University Medical Center PO BOX 4075 Carol Stream, IL 60197

Sage Capital Recovery 1040 Kings Hwy N Cherry Hill, NJ 08034

Santander Consumer USA PO Box 961245 Fort Worth, TX 76161

Swedish Covenant Hospital 3732 Paysphere Circle Chicago, IL 60674

Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321

University Pathologists, P.C. 5700 Southwyck Blvd Toledo, OH 43614

Veldos, LLC PO BOX 2824 Woodstock, GA 30188

Vision Financial Corp PO BOX 460260 Saint Louis, MO 63146

Womens Healthcare of IL 9730 S Western Ave ste 100 Evergreen Park, IL 60805